

Sheffield City Council

Learning Disabilities Domiciliary Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 9 and 12 June 2017 and was announced. The registered provider was given short notice of the visit to the office. This was because we needed to be sure key staff would be available at the office to assist with the process.

The service had re-registered with the Commission in 2016 as the registered provider changed the location from where they operated. This was the first inspection of the service under the new registration.

On the day of the inspection there was a registered manager who managed the day-to-day operations of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of this inspection the service supported 34 people with various care needs, from social support to maintaining people's independence with full personal care needs. People we spoke with told us they were happy with the care and support they received.

People supported by the service spoke very positively about Sheffield Learning Disability Support Unit

There were inadequate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

The service did not have a robust quality assurance system in place to identify the issues we found during our inspection and to make the necessary improvements.

Despite these shortfalls, all staff members we spoke with knew how to keep people safe and were able to recognise the different types of abuse and how to respond to any concerns.

Robust recruitment processes and systems were in place to ensure staff members were safe to work with vulnerable people. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Staffing levels were sufficient to meet people's needs. Staff had been received some training and support to provide them with the skills and knowledge to undertake their role. This included a better understanding about how they worked within the legal requirements of the Mental Capacity Act (2005).

Staff knew people well and people told us the staff were caring. People's privacy and dignity were respected and promoted.

A programme of activities were in place, therefore people were supported with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and that they would be listened to.

We recommend the service considers current best practice guidance on meeting the end of life wishes of people who use the service.

Staff members told us and records we looked at confirmed that staff received regular supervisions and appraisals.

People who used the service had access to healthcare support as and when they required it. We saw hospital passports were in place which used the traffic light system; red to represent important information about the person, amber to represent things that were important and green to represent likes and dislikes.

Care plans were person centred and contained detailed information about the person

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

There were inadequate arrangements in place to manage medicines to ensure people were protected from the risks associated with medicines.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

Staff had been safely recruited and there were enough staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff had access to training that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions. Staff had completed training in this area

Is the service caring?

Good 

The service was caring.

People told us they were happy with the care and support provided. They told us care was delivered in line with their wishes.

We observed interactions from care staff that was kind, sensitive and respectful towards people. During the home visit we saw people laughing and smiling with staff members.

Staff knew the people they cared for well, which meant people received consistent care that met their needs. People were

involved in making decisions about their care and offered choices.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to be involved in planning and reviewing care plans.

The plans were being reviewed and staff were implementing person centred plans. There was a system in place to tell people how to make a complaint and how it would be managed.

Care records contained detailed information about the persons communication needs, including verbal, pictorial, sign language as well as physical gestures.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service did not have a robust quality assurance system in place to identify the issues we found during our inspection and to make the necessary improvements.

People using the service and staff were very positive about the way the service was managed.

Surveys were sent out to staff, however the service did not gather feedback from people using the service to help improve service delivery.

Learning Disabilities Domiciliary Care Agency

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 12 June and was announced. The provider was given 48 hours' notice. This was because we needed to be sure key staff would be available at the office to assist with the process.

The inspection team consisted of two adult social care inspectors. As part of this inspection we visited and spoke with people who lived in the supported living schemes and their registered provider. Supported living means that people are supported to live in a way that they want and that people are given more choice and control.

At the time of this inspection the service supported 35 people with various care needs, ranging from social support to maintaining people's independence with full personal care needs.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We had also received a provider information return (PIR), which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people who used the service to gain their views and experiences of the service, the registered manager and seven care staff.

We reviewed a range of records about people's care and how the home was managed. These included care records for five people, and other records relating to the management of the service. Three staff training, support and employment records, quality assurance audits and minutes of staff meetings. We also looked at the findings from incident and accident reports.

Is the service safe?

Our findings

We spoke with people who used the service and they told us that they felt safe. One person said, "I feel safe here if I had a problem I would tell the boss and they would sort it out." Another person told us "its good where I live I am very happy."

We looked at the systems in place for managing medicines in the supported living schemes. This included the storage, handling and stock of medicines and medication administration records (MARs) for six people. A MAR is a document showing the medicines a person has been prescribed and administered.

Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the senior staff team to ensure that staff remained competent to administer medicines.

Care records we looked at showed detailed information about a person's medical needs and what medicines they were prescribed, along with any allergies the person had. Records we looked at included a health action plan and a hospital passport that covered whether people needed support, and if so, to what level. The person's current medication was also listed, however there was evidence this was not kept up to date. For example, we looked at one person's record and the information recorded on the MAR did not correspond with the information in the health action plan. The MAR sheet recorded a number of topical creams that were prescribed for the person. However these were not recorded in the health action plan. It is important that medicines are recorded and administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who use the service are not placed at risk.

We looked at medicine's management audits. Audits enable organisations to identify errors, concerns and areas for improvement. This ensures they are working to continuously improve the services they provide for people. Records we looked at showed there had been thirteen medication errors in January 2017. These errors included six incidents where people had not been administered their medicines as per the prescriber's instructions and seven incidents where staff had not signed to say they had administered medicines. It is important that all staff follow medication policies that are in line with current legislation to ensure people have access to safe care and treatment.

We talked to the registered manager about these issues and they assured us they had taken measures to address these concerns. They had put a medication error process in place and they were working with the staff to review and improve their systems.

The medication error process stated that any medication error would be discussed with the manager and action plans agreed. It is also stated that further errors within three months may lead to either capability or disciplinary procedures. However we looked is one staff file and although three medicine errors were recorded there was no evidence of actions taken to address these concerns. This meant the service had not followed their own medication process and people were at risk of the unsafe administration of medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had a safeguarding vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us they had received training about their responsibilities for safeguarding adults and knew what action to take if they witnessed poor practice by colleagues. This was included in the whistleblowing procedures. Staff knew they must report any concerns to their line manager. They were confident the management team would listen to concerns they raised and take any required action. Staff said, "The registered manager would respond quickly to concerns and take appropriate action."

We saw that a number of risk assessments were carried out. For example, health and safety, an assessment of the property, which included, medicines management and moving and handling. Risks had been regularly reviewed and staff received regular training on how to manage risks to ensure people were safe.

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. Safe recruitment procedures were followed. However, staff files at the location did not include written references or a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This information was kept at the Sheffield City Council's head office. We received confirmation from Sheffield City Council's head office that these checks had been received at the time the staff were recruited. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

Staff we spoke with were able to explain the recruitment process they went through. They confirmed they had completed an application, references had been obtained and that they were unable to start work until a satisfactory DBS had been obtained.

We found staffing levels were appropriate to meet people's needs. Staff we spoke with confirmed there was adequate staff to be able to provide the care and support required, including accessing the community and activities. People we spoke with told us they liked the staff that supported them and their choices were respected. One person said, "I choose what I want to do and when I want to do it."

The registered manager told us they tried to ensure consistency in staffing so that staff would be aware of how people liked to be supported. Staff we spoke to told us they had site specific inductions and a file which included important information about the supported living scheme they were working in and the people they were supporting.

One person we spoke with showed us a visual rota of staff that were going to be supporting them and they told us, "It makes me feel better when I know which staff are supporting me."

Staff told us they had received induction training when they started work at the service. They told us they shadowed established staff before working unsupervised with people. This helped staff to get to know people and their support needs. One person told us, "I had a two week induction and we covered things in a lot of detail." Another person told us, "We try to make sure people have continuity of care so that staff can get to know the person and their identity."

When staff started work at the service, they were given a staff handbook. The staff handbook gave staff information about the service, which included a wide range of policies and procedures. These included,

equal opportunities, dignity at work, professional standards of practice and behaviour, confidentiality and data protection.

Staff told us that they were supported from the office between 9 – 5 and there was an on-call management rota for any queries or emergencies out of hours.

Is the service effective?

Our findings

People we spoke with told us they liked the staff that supported them and their choices were respected. One person using the service told us they liked the staff that supported them and their choices were respected. Another person said, "The staff are good I am well looked after."

We found new staff had undertaken an induction which included them completing the 'Care Certificate,' if applicable, along with other essential training. The 'Care Certificate' looks to improve the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us the training was very good and enabled them to have the skills and knowledge to be able to support the people living in the sheltered housing schemes. Records we saw showed staff were up to date with the mandatory training required by the provider. Staff also told us they did additional training to further understand how to meet the needs of people they supported, for example peg training. PEG training familiarise staff with the various types of PEG feeding and medication administration techniques, ensuring staff have sufficient knowledge to work safely with them. A peg is a tube which is passed through the stomach to provide a means of feeding when oral intake is not enough. Training was both e-learning and class room based.

Staff told us they felt supported by the management team and confirmed they received regular supervision sessions. Supervisions are accountable, two-way meetings that support, motivate and enable the development of good practice for individual staff members. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked people's care files in the office to see whether people had given consent to their care and support, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process.

The registered manager understood that where decisions had been made in people's best interests, these needed to be fully documented. One person we spoke to told us "They [staff] are all good. They don't make me do anything I don't want to do." We saw on people's records that they signed to agree their consent to support plan being implemented and that information about them may be shared with other organisation involved in their support and on a need to know basis.

We looked at people's care plans in relation to their dietary needs. We found records included detailed information about people's dietary needs and the level of support they needed to ensure that they received a balanced diet. People were offered a varied and healthy diet, which was based on their preferences and dietary requirements. People we spoke with told us they liked the food, chose what they wanted to eat and prepared the food with support from staff.

People had good access to healthcare services. One person told us "[the Carer] takes me to the hospital and to the dentist," In people's support plans, we saw that there was information about their medical conditions as well as their physical and mental health support needs. We saw hospital passports were in place which used the traffic light system; red to represent important information about the person, amber to represent things that were important and green to represent likes and dislikes. For example under what is important to me the passports recorded how people liked to communicate, how they liked to be supported to keep safe and how to know when the person was in pain.

We saw 'Health Action Plans' were in place which contained records of visits to health care professionals and any actions from the visits were followed up.

Staff spoke positively about working for the service and as part of the team. Staff said, "We have good management support," and "We help each other and work as a team."

We saw records that showed staff had recently received an annual performance review and regular supervisions. The management team to help ensure competence during support visits, also carried out spot checks. A spot check helps a manager to check how well staff are doing their jobs and if there is anything they need to do to improve the quality of the service.

People told us about the support they received to shop for food of their choice and prepare meals. One person said, "I have got pictures of food to help me choose what food I want to eat. They[staff] take me shopping." Another person told us "I go shopping with the staff and they help me with my money."

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff supported them well. People described staff as their friends and felt they were caring and compassionate. One person said, "The staff know me well and I like them." Another person said, "The staff listen to me and I tell them what I want to do."

We saw that people's privacy and dignity were maintained. We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when supporting with personal care. We observed staff who addressed people in a caring way and in a manner that was appropriate for each individual person. This showed staff respected people. We saw staff organising an outing with a person they supported. They gave the person choices and gave them time to understand the choices and make a decision.

Staff received training in respecting people and maintaining their dignity as part of their induction. Staff we spoke with described to us how they provided care in a respectful manner, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions.

The registered manager told us they had stable staff teams at each supported living scheme. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support. The people we spoke with confirmed they were happy with the staff that supported them. We observed support in the supported living schemes we visited. We saw this was provided in a caring way and interactions we saw were positive and inclusive.

People who were able had been involved in developing care plans. Care files sampled contained details about people's likes and dislikes. They also outlined their abilities, so people's independence could be respected and encouraged. Staff told us they had access to adequate information about how to support people and ensure their care was tailored to their needs and preferences.

There were arrangements in place for people to access advocacy services if required. An advocate is a person who supports the rights and decision making process for another person, should they need support to make their voices heard.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.

Care records we looked at showed the service had not considered the end of life wishes for people who used the service. We also noted that end of life was not a training option for staff members.

We recommend the service considers current best practice guidance on meeting the end of life wishes of people who use the service.

Is the service responsive?

Our findings

People we spoke with told us staff listened to them and looked after them well. People who were able confirmed they had been involved in planning their care and support. One person told us "I have meetings to see how I am feeling."

People who used the service told us, "I like to go swimming, shopping and out to the pub for my dinner", "I join in the activities. I like them and there are plenty" and another person told us "I have just been shopping to choose new furniture for my bedrooms and its lovely, it's all pink."

We looked at the office copies of five people's care records and found they contained good information about the person's needs, any risks associated with their care and their preferences. The people we spoke with confirmed care files were available in each person's home. Care plans were written in a person centred way that gave staff clear guidance about how to support individual people. We also visited a supported living scheme and looked at one care plan. In general these were to the same standard as the ones kept in the office.

Care records contained a detailed communication passport. This included the persons preferred way of communicating.

Records showed the registered provider worked responsively with external professionals, such as social workers, occupational therapists and speech and language therapists. We saw records were updated following input from health care professionals and we saw one care plan had been updated following a review.

People were supported to access the community and participate in activities. People had been on holiday At the time of our visit staff and people they supported told us they were arranging holidays for the coming year. People were involved in the choices and decisions. People told us they liked going out and told us, "I go out for meals, to keep fit, swimming and dog walking. Sometimes I go to see them (staff) at the office," and "I am going to the swimming on Sunday. "The person was very excited about going out as they said they enjoyed going to the swimming. Staff supported them to do this.

There was an easy read complaints' policy, "Tell us what you think" which was given to each person when they started using the service. It was written in plain English and gave timescales for the service to respond to any concerns raised. People knew how to complain and they told us they would inform the registered manager if they were unhappy with their care. At the time of the inspection no complaints had been received.

People we spoke with did not raise any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously. Staff told us if they received any concerns about the services they would share the information with the team leader or the manager.

Staff told us they were confident the management team would deal with any complaint received, no matter

how minor. People we spoke with told us staff listened to them and looked after them well. People who were able confirmed they had been involved in planning their care and support.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some quality assurance processes were in place to cover aspects of the running of the supported living schemes. Those seen included care plan, medication and health and safety audits. However shortfalls which were found during the inspection were not always followed through. This was contrary to the providers own policies. For example, we spoke to the registered manager about medication errors and they confirmed that a record of all medication errors should be kept in individual staff files and a record of actions taken should be recorded. However one staff file we looked at recorded three medicine errors between 15 August 2016 and 3 September 2016. There was no record of actions taken in response to the medication errors. This meant the processes were not always effective and people's health and safety could be compromised.

We checked to see if the provider was seeking and acting on feedback from people using the service, those acting on their behalf, staff and other stakeholders, so that they could continually evaluate the service and drive improvement. An annual staff survey was conducted by the local authority. Meetings and surveys gave staff the opportunity to give their views, opinions and share ideas they may have to make improvements to the service. However the provider had no process in place to gather feedback from people using the service in order to drive service improvements.

The lack of robust and regular auditing meant that the service did not have effective systems in place to continually monitor the service provided to ensure people received safe and effective care.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there was an open, fair and transparent culture within the service. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the management team were approachable and listened to their concerns and ideas for improvement.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held.

There were policies and procedures for staff to follow. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, safe use of bed rails, accident reporting and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be

informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Ineffective systems to monitor the safe administration of medicines
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Ineffective quality assurance procedures